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**Psychological Aspects in Communication with Patients on
Departments of Medical Radiology**

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Abstract

Frequently may be seen that in communication with patients coming to radiological departments for medical examination or treatment radiologic staff is somehow frustrated and insufficiently skilled. Purpose of study is to analyze conditions influence in communication between pts. and radiologic co-workers. In total 75 pts. And 25 radiologists passed 95 targeted personal interviews. Different views of pts. as well as radiologic staff were registered. Recommendations for radiologic co-workers to achieve optimal communication with pts. is of decisive value.

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1. Introduction

Frequently may be seen that in communication with the patients coming to department of radiology for medical examination and/or treatment interventions the radiologic staff is somehow frustrated and insufficiently skilled in it's daily work. The purpose of our study is to analyze the situation and conditions influencing effective communication between the patients and radiologic co-workers by suitable interview methods and based on the results to optimize the communication skill of the radiologic staff (1,5).

2. Methods.

A special targeted questionnaire was developed by radiologist and clinical psychologist (with over 30, resp. 15 years of practical hospital experience on radiological departments) to interview: (1) patients reffered for conventional X-ray studies, CT or MRI examinations or interventional procedures and (2) radiologic co-workers. In total 75 patients and 25 co-workers passed 95 targeted personal interviews (1).

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3. Findings and recommendations for clinical practice.

Between general psychological aspects following specifics of communication on radiologic departments were identified:

3.1. *Different views on clinical position of patients as well as radiologic staff.*

The view of the patient: I am coming or was sent for an examination or treatment into a place I do not know ; the place seems to be unfriendly and overcrowded by strange sophisticated technical devices – it stresses me”. “I feel not being sufficiently informed as to what will happen to me and what will be done with me; thus, my position causes a serious psychical burden for me” (2).

The view of radiologic staff: “A patient was referred to our department, without clear enough questions from referring physician”. “He/she is like a number in a queue, just a migrant more or less anonymous to us”. “He/she is going to leave for further treatment to other place”.

In order to respect above mentioned situation it is necessary to keep in mind the reality: It is evident that rational and effective communication between patients and radiologic co-workers as well as referring physician plays the decisive role in patient’s management.

Recommendations for radiologic staff: effort to achieve optimal communication level with the patients and fasten on an “alliance” (“condition sine qua non”)(1).

3.2. *Elements and premises for radiologic staff for creating rational communication with the patients:*

- Introduce yourself and your position, listen to the patient, create feedback.
- Explain clearly the reasons and targets of diagnostic or treatment procedures planned (their character and course, patient’s benefit, risk, other alternatives of medical care, etc.).
- Create mutual understanding and trust, be opened, fair and honest.
- Respect patients’ privacy and intimacy of their somatic and psychical problems (“patient is not a thing”).
- Plug-up your ability of empathy and respect ethical memento: “The ill – not the illness – must be the focal point of medical staff, including radiologists and co-workers’ interest.

Recommendation: to strengthen empathy which is basic condition of “mutual understanding” (2,4,8).

3.3. *Requirements concerning main communication forms:*

- Speech communication – eye-contact, clear wording, ensuring feedback.
- Paralinguistic means (“metacommunication”) – intonation, mimics, gestures, “haptic”, touch communication etc.(4).

Recommendations: respect the rules, concentrate and control yourself.

3.4. *How to inform the patients on diagnosis and/or necessary interventional treatment?*

Patients’ need to know about their disease reveals as ethical problem. Presumptions:

- Inform the patient, first of all, about positive technical course of procedures being performed, about diagnostic value and/or treatment results of carried-out studies and interventions.
- Patient’s psychical state should be “matured” for final diagnostic information (reaction: compensation versus decompensation).

- Ethical approach: to inform the patients after their compensation, in right time, at right place, by physician's personal handling, in professional form (fairness, dignity, enough time, calm environment, acceptance and encouraging of discussion, listen to).
 - Extend psychological support (4,5,7,8).
- Recommendations: Main goal for radiologic staff: to support patient's compliance and informed consent!!

3.5 Patients' laws (keep in mind)!:

- To refuse information on diagnosis in effort to save and support positive psychological condition (important immunological factor).
- Patient's agreement is necessary for diagnostic information of partners, family members and public (6).

Recommendations: to avoid mistakes and misunderstanding in communication with the patients, radiologic co-workers and interdisciplinary collaborators.

4. Conclusions

For radiologic co-workers it is essential to train their skills in rational communication with the patients to improve the quality of patients' care based on our common understanding of ethical and humanistic principles.

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